

WORK APPLICATION



Press "Tab" key to move from one field to another.

Company Name <u>Long Island</u>	JobNet Job Order Number	Date <u>4/16/2010</u>
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Please Print Or Type All Information

USE ADDITIONAL PAGES IF NECESSARY

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04 (1)(m)]

Last Name <u>Dunn</u>	First Name <u>Tyler</u>	Middle Name <u>James</u>
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Application for Position(s) of	Date Available	E-Mail Address <u>TDinner@Yahoo.com</u>
Present Address (number, street, city, state, zip code) <u>2216 Prattburg Cir Johnston 80534</u>		Home Phone <u>587-4219</u>
Mailing Address (if different from above) (number, street, city, state, zip code)		Work Phone

What hours are you available to work? <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Types of Employment Preferred (Check more than one box if desired) <input checked="" type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Permanent (Part Time) <input checked="" type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time) Until: _____ Until: _____
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Do you have access to a car? (for some positions a vehicle is required.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you over age 18?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have legal authorization to work in this country?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EDUCATION AND TRAINING	
Check the box next to the highest grade or year completed in school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	Do you have a High School Diploma, HSED, or GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Name and Location of High School

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Check the Box next to the number of years in College or University: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Name and Location	Dates Attended From To	Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. **Be specific.** Press tab at the end of each line.

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List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received:

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